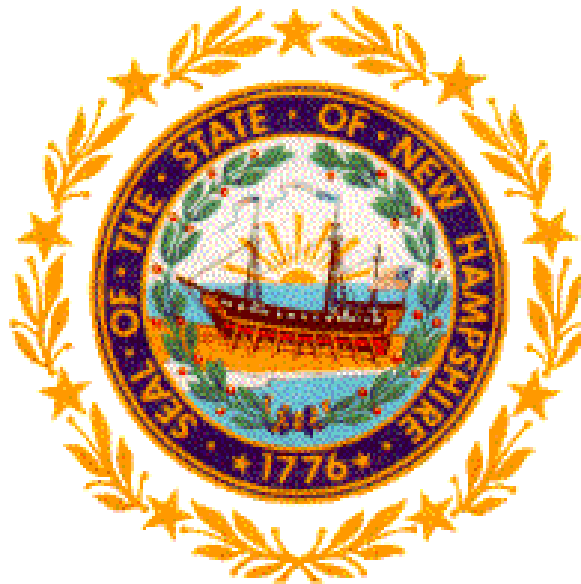


**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH**

**COMMUNITY MENTAL HEALTH PROGRAM
REAPPROVAL REPORT**



SEACOAST MENTAL HEALTH CENTER, INC.

July 29, 2011

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH

TABLE OF CONTENTS

	Page
ACRONYMS AND DEFINITIONS	2
EXECUTIVE SUMMARY	3
PURPOSE, SCOPE AND METHODOLOGY OF REVIEW	5
AGENCY OVERVIEW	7
FINDINGS/OBSERVATIONS AND RECOMMENDATIONS	
Section I: Governance	8
Section II: Services And Programs	10
Section III: Human Resources	26
Section IV: Policy	32
Section V: Financial	34
Section VI: Quality Improvement And Compliance	36
Section VII: Consumer And Family Satisfaction	40

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH

ACRONYMS AND DEFINITIONS

Acronyms

BBH
BOD
CEO
CFO
CMHP
CSP
DCBCS
DHHS
EBP
ED
ES
FSS
GOI
GSIL
IOD
IMR
ISP
IT
MOU
NAMI-NH
NHH
NHVR
PRC
OCFA
OCLS
OIII
PSA
QI
REAP
SMHC
SFY
SURS
SE
TCM
UNH

Definitions

Bureau of Behavioral Health
Board of Directors
Chief Executive Officer
Chief Financial Officer
Community Mental Health Program
Community Support Program
Division of Community Based Care Services
Department of Health and Human Services
Evidence Based Practice
Executive Director
Emergency Service
Functional Support Services
General Organizational Index
Granite State Independent Living
Institute on Disability
Illness Management and Recovery
Individual Service Plan
Information Technology
Memorandum of Understanding
National Alliance for the Mentally Ill – New Hampshire
New Hampshire Hospital
New Hampshire Vocational Rehabilitation
Dartmouth Psychiatric Research Center
Office of Consumer and Family Affairs
Office of Client and Legal Services
Office of Improvement, Integrity and Information
Peer Support Agency
Quality Improvement
Referral, Education, Assistance and Prevention
Seacoast Mental Health Center, Inc.
State Fiscal Year
Surveillance Utilization Review Subsystems
Supported Employment
Targeted Case Management Services
University of New Hampshire

EXECUTIVE SUMMARY

In accordance with State of New Hampshire Administrative Rule He-403 Approval and Reapproval of Community Mental Health Programs, reviews of community mental health programs (CMHP) occur upon application and thereafter every five years. The purpose of He-403 is to define the criteria and procedures for approval and operation of community mental health programs. A reapproval review of Seacoast Mental Health Center, Inc. (SMHC) in Portsmouth, NH occurred on February 28, 2011 through March 4, 2011, and also included a Board of Directors (BOD) Meeting on February 15, 2011. The review team included staffs from the Department of Health and Human Services (DHHS), the Bureau of Behavioral Health (BBH) and the Office of Improvement, Integrity and Information (OIII).

SMHC submitted an application for reapproval as a CMHP that included:

- A letter requesting reapproval;
- A description of all programs and services operated and their locations;
- The current strategic plan;
- A comprehensive listing of critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- The Mission Statement of the organization;
- A current Board of Director list with terms of office and the towns represented;
- The By-Laws;
- The BOD meeting minutes for calendar year 2010 through the date of the review;
- The current organizational chart;
- Various job descriptions;
- The current Quality Improvement Plan;
- The current Disaster Response Plan.

Additional sources of information prior to the site visit included:

- The New Hampshire Public Mental Health Consumer Survey Project (January 2011);
- Evidence Based Practice (EBP) Fidelity Reviews for Illness Management and Recovery (IMR) and Supported Employment (SE);
- BBH QI and Compliance Reports Five Year Trends;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2010 with Five Year Financial Trend Analysis;
- A Public Notice published in local newspapers soliciting feedback regarding the CMHP;
- A letter to SMHC constituents soliciting feedback regarding the CMHP;
- Staff surveys soliciting information from SMHC staff regarding training, supervision, services, and CMHP operations.

The site visit to SMHC included:

- Review of additional documentation including: orientation materials for new BOD members; the Policy and Procedure Manual; Interagency Agreements and Memoranda of Understanding (MOU); and a sample of personnel files;
- Interviews with the BOD, the CMHP Management Team, the Chief Financial Officer (CFO), Human Resources Director.

The findings from the review are detailed in the following focus areas: Governance; Services and Programs, Human Resources; Policy; Financial; Quality Improvement and Compliance; and Consumer and Family Satisfaction. The structure of the reports includes the Administrative Rule Requirement, team observations, team recommendations, and a text area for the CMHP response.

The following is a summary of the recommendations included in the report:

- SMHC was found to be in substantial compliance in all areas reviewed for Reapproval as a CMHP;
- It is recommended that the BOD self-monitor for compliance with membership requirements;
- It is recommended that communication of quality improvement information to the BOD be formalized;
- It is recommended that policies continue to be monitored and developed as needed;
- It is recommended that information be shared with the BOD at every opportunity.

PURPOSE, SCOPE AND METHODOLOGY

Staff from the NH DHHS, BBH, and OIII conducted an on-site review of SMHC on February 28, 2011 through March 4, 2011, and attended a BOD meeting on February 15, 2011. The review was conducted as part of a comprehensive reapproval process that occurs every five years in accordance with Administrative Rule He-M 403.

A brief meeting was held to introduce the team members and discuss the scope and purpose of the review. In an effort to reduce the administrative demands on agencies, the annual QI and Compliance Review was conducted during the reapproval visit. Please note that the results of the QI and Compliance Review are not fully included in this document and have been sent as a separate report. Two structured interviews were conducted as part of the site visit, one with the Management Team and another with the Board of Directors.

A brief exit meeting was conducted on March 4, 2011, and was open to all staff. Preliminary findings were reviewed and discussed at that time.

Prior to the visit, members of the team reviewed the following documents: (Available at BBH)

- Letter of application from SMHC requesting reapproval as a community mental health center;
- Critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- Description of all programs and services operated and their locations;
- Current strategic plan;
- Mission Statement of the organization;
- Current Board of Director list with terms of office and the towns represented;
- Board of Director By-Laws;
- Board of Director meeting minutes for calendar year 2010 through the review dates;
- Current organizational chart;
- Job descriptions for Chief Executive Officer, Medical Director, Children's Coordinator, Older Adults Coordinator, and Case Manager;
- Current Quality Improvement Plan;
- Current Disaster Response Plan;
- The SMHC contract with BBH;
- Results of SFY 2010 Adult and Child QI and Compliance Review;
- The findings of the previous reapproval report;
- Fiscal manual;
- Billing manual;
- Detailed aged accounts receivable listings for SFY 2009 and SFY 2010;
- Job Descriptions for all accounting and billing staff.

The onsite review at SMHC included an examination of the following:

- Board of Director policies;
- Orientation materials for new Board of Director members;
- Board of Director approved Policy and Procedure Manual;
- MOUs or Interagency Agreements, including those with, but not limited to:
 - Peer Support Agencies;
 - Housing Authorities;
 - Homeless Shelters;
 - Substance Use Disorder Programs;
 - Area Agencies;
 - Vocational Rehabilitation;
 - Division for Children, Youth and Families;
 - Adult and Children's Criminal Justice organizations;
 - NAMI-NH.
- Policies and procedures for:
 - Clients Rights;
 - Complaint Process/Investigations.
- Management Team Minutes for calendar year 2010;
- Several personnel files, including those for:
 - Chief Executive Officer;
 - Medical Director.

A Public Notice of the CMHP's application for reapproval was published in local newspapers distributed in the region in an effort to solicit comments from the communities served. In addition, BBH sent letters soliciting feedback from agencies within the region with which SMHC conducts business.

Employee surveys were sent to SMHC staff during the review process soliciting anonymous feedback regarding various issues relevant to employee satisfaction. The results are summarized in this report.

Information was gathered from a variety of additional sources from different times within the previous reapproval period. Observations and recommendations are based on the information published at that time. Sources of information include:

- The New Hampshire Public Mental Health Consumer Survey Project (January 2011);
- EBP Reviews for IMR and SE;
- BBH QI and Compliance Reports Five Year Trends;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2010 with Five Year Financial Trend Analysis.

The findings from the review are detailed in the following focus areas: Governance; Services and Programs; Human Resources; Policy; Financial; Quality Improvement and Compliance; and Consumer and Family Satisfaction. The structure of the report includes the Administrative Rule Requirement, team observations, team recommendations, and a text area for the CMHP's response.

AGENCY OVERVIEW

Founded in 1963, Seacoast Mental Health Center, Inc. (SMHC) is a non-profit, community-based, mental health organization serving the needs of individuals and families in the eastern part of Rockingham County in New Hampshire.

The SMHC mission statement is:

“To provide a broad, comprehensive array of high quality, effective and accessible mental health services to residents of the eastern half of Rockingham County.”

SMHC provides a comprehensive array of evidenced-based, community mental health services for children, adults, and older adults. These services include: intake assessment services; psychiatric diagnostic and medication services; psychiatric emergency services; case management services; individual, couples, group, and family psychotherapy; evidenced-based practices including SE and IMR; Dialectical Behavior Therapy (DBT); services for persons with co-occurring disorders; functional support services; residential services; outreach services; The Center for Learning and Attention Disorders; education and support to families; and consultation services.

The Community Support Services Program provides services to those experiencing the most severe impairment due to a mental illness. The program focuses on recovery rather than simply treatment, helping people to lead an integrated and self-directed life. The Adult Outpatient Program also offers a comprehensive intern program accredited by the American Psychological Association for pre-doctoral level psychologists.

SMHC has a website <http://www.smhc-nh.org> that includes information on service programs, consumer and family information, continuing education, mental wellness resources, fundraising, web links, and other resources.

The towns served by SMHC include:

Brentwood	Greenland	Newfields	Portsmouth
Deerfield	Hampton	Newington	Raymond
East Kingston	Hampton Falls	Newmarket	Rye
Epping	Kensington	North Hampton	Seabrook
Exeter	Kingston	Northwood	South Hampton
Fremont	New Castle	Nottingham	Stratham

SECTION I. GOVERNANCE

Administrative Rule He-M 403.06 defines a CMHP as an incorporated nonprofit program operated for the purpose of planning, establishing, and administering an array of community-based mental health services.

This administrative rule requires that a CMHP shall have an established plan for governance. The plan for governance shall include a BOD who has responsibility for the entire management and control of the property and affairs of the corporation. The BOD shall have the powers usually vested in a BOD of a nonprofit corporation. The responsibilities and powers shall be stated in a set of bylaws maintained by the BOD.

A CMHP BOD shall establish policies for the governance and administration of the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP and adherence to all state and federal requirements.

Each BOD shall establish and document an orientation process for educating new board members. The orientation shall include information regarding the regional and state mental health system, the principles of recovery and family support, and the fiduciary responsibilities of board membership.

At the time of the review, SMHC was in substantial compliance with all the requirements referenced above.

REQUIREMENT: He-M 403.03 (b) (2) A CMHP Board of Directors shall ensure that no more than 20% of the board members shall have served for more than six (6) years;

OBSERVATION I-A:

The BOD list, provided at the time of the application, indicated that 75% of the current members has been on the BOD for more than six years. The BOD Assurance Checklist provided by the BOD Chairperson indicated that a waiver request to this requirement had been submitted to BBH.

RECOMMENDATION I-A:

It is recommended that SMHC consider recruiting additional new BOD members to help improve the compliance rating in this area.

CMHP RESPONSE I-A:

REQUIREMENT: He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

OBSERVATION I-B:

Although the ED signed off on the policies submitted with the application for reapproval, there is no indication of BOD review and approval. It is noted that the employee handbook was approved by the BOD.

RECOMMENDATION I-B:

It is required that the BOD review and approve all policies.

CMHP RESPONSE I-B:

REQUIREMENT: He-M 403.06 (i) A CMHP shall perform active monitoring of services through a comprehensive Quality Assurance Program:

OBSERVATION I-C:

Though there is a very strong quality assurance program throughout the agency, communication of this information with the BOD is not formalized but dependent on periodic communication from the QI Director. It was reported that there is no QI subcommittee of the BOD.

RECOMMENDATION I-C:

It is recommended that the BOD explore ways of formalizing communicating this information, including the possible development of a QI subcommittee. This committee might include representation from the BOD, QI staff, families, and consumers.

CMHP RESPONSE I-C:

REQUIREMENT: He-M 403.06 (o) (1) Independent peer support programs shall include coordination with and referral to consumer operated peer support programs, such as telephone support lines, where available.

OBSERVATION I-D:

The relationship between the Seacoast Consumer Alliance Peer Support Center, Inc. and SMHC has varied over time.

RECOMMENDATION I-D:

The BOD is encouraged to explore ways that SMHC can continue collaboration with the Seacoast Consumer Alliance Peer Support Center, Inc. This might include shared BOD membership and collaboration on training opportunities.

CMHP RESPONSE I-D:

SECTION II: SERVICES AND PROGRAMS

Administrative Rule He-M 403.06 (a) through (f) requires that a CMHP provide a comprehensive array of community based mental health services. The priority populations include children, adults and older adults meeting BBH eligibility criteria, per Administrative Rule He-M 401.

BBH has prioritized EBPs, specifically IMR and SE. CMHPs are also required to offer Targeted Case Management to the BBH eligible population. These requirements are specified in Administrative Rule He-M 426.

Emergency mental health services and intake services are required to be available to the general population. Emergency mental health services are also required to be available 24 hours a day, seven days a week. These requirements are specified in Administrative Rule He-M 403.

The CMHP must provide outreach services to people who are homeless. The CMHP must also collaborate with state and local housing agencies to promote access to housing for persons with mental illness.

Assessment, service planning and monitoring activities are required for all services per Administrative Rules He-M 401 and He-M 408.

Each CMHP is required to have a Disaster Response Plan on file at BBH per Administrative Rule He-M 403.

At the time of the review, SMHC was in substantial compliance with all the requirements referenced above.

REQUIREMENTS:

He-M 403.05 (d) (3) Enhance the capacity of consumers to manage the symptoms of their mental illness and to foster the process of recovery to the greatest extent possible;

He-M 403.06 (a) (15) A CMHP shall provide the following, either directly or through a contractual relationship: Mental Illness Self-management and Rehabilitation Services (IROS) pursuant to He-M 426, including those services provided in community settings such as residences and places of employment;

ADDITIONAL INFORMATION SOURCE:

Included below are excerpts of summary information from the most recent SMHC IMR Fidelity Report based on the review conducted by the Dartmouth Psychiatric Research Center (PRC) on 1-17, 1-19, and 1-25-2011.

Decision-makers at Seacoast Mental Health Center, Inc. (SMHC) chose to participate in a full fidelity review that was focused on all of the items included in the General Organizational Index (GOI) and Illness Management Recovery (IMR) fidelity scales.

Leadership at SMHC has worked to take several steps toward enhancing the quality of their IMR programming. The CSP Director arranged for a series of agency-based IMR trainings provided by the PRC, and ensured access to central trainings for IMR practitioners. There

has also been a noticeable shift in the individualization of treatment planning and goal-setting for IMR services across the agency. It is clear that a great deal of effort has gone into working with IMR practitioners to help them to connect clients' IMR goals with their treatment plans and session progress notes. It is also noteworthy that the IMR program has expanded to include an IMR Supervisor in the Exeter Office and a number of new practitioners.

IMR Fidelity Review Reports – The General Organizational Index (GOI). The GOI review is intended to measure the structural components that exist in an agency that will facilitate the delivery of EBPs such as IMR. The anchor points on the GOI scale are defined for each individual item, and can be roughly thought of as ranging from a one (1) corresponding to not implemented in this program at this time, to a five (5) indicating that the item is fully implemented.

Illness Management and Recovery Program GOI Score Sheet				
GOI Item	2007	2008	2009	2011
G1. Program Philosophy	3	3	4	3
G2. Eligibility/Consumer Identification	2	5	5	5
G3. Penetration	1	1	1	1
G4. Assessment	4	4	2	5
G5. Individualized Treatment Plan	3	4	5	5
G6. Individualized Treatment	2	4	3	4
G7. Training	1	4	1	5
G8. Supervision	2	4	4	4
G9. Process Monitoring	2	2	5	5
G10. Outcome Monitoring	3	5	2	1
G11. Quality Assurance	3	2	5	5
G12. Client-Choice	4	5	3	3
G13. Practice Integration	3	4	2	1
G14. EBP Program Leader	3	4	4	2
TOTAL:	36	51	46	49
Item Average:	2.6	3.64	3.29	3.5

The IMR Scale Ratings pertain to specific components and implementation of the IMR program within the agency. The anchor points on the IMR scale are defined for each individual item and can be roughly thought of as ranging from a one (1) corresponding to not implemented in this program at this time, to a five (5) indicating that the item is fully implemented.

Illness Management and Recovery Program IMR Scale Ratings				
Item	2007	2008	2009	2011
1. # of People in Session or Group	5	5	5	5
2. Program Length	2	4	5	5
3. Comprehensiveness of Curriculum	2	5	5	5
4. Provision of Handouts	3	3	5	5
5. Involvement of Significant Others	1	2	2	2
6. IMR Goal Setting	3	3	3	4
7. IMR Goal Follow-Up	3	2	2	2
8. Motivation-Based Strategies	5	3	5	5
9. Educational Techniques	5	5	5	5
10. Cognitive-Behavioral Techniques	2	4	4	4
11. Coping Skills Training	3	4	5	5
12. Relapse Prevention Training	3	3	5	5
13. Behavioral Tailoring for Medication	1	1	5	5
TOTAL SCORE:	38	44	56	57
AVERAGE ITEM RATING:	2.92	3.4	4.3	4.4

REQUIREMENTS: He-M 403.06 (a) (5) a. Provide supports and opportunities for consumers to succeed at competitive employment, higher education and community volunteer activities;

He-M 403.06 (a) (5) b. 1-3. Vocational Assessment and Service Planning; competitive employment and supported work placements; and employment counseling and supervision;

ADDITIONAL INFORMATION SOURCE:

Included below are excerpts of summary information from the most recent SMHC Supported Employment Fidelity Report based upon the review conducted by the Dartmouth Psychiatric Research Center on 7-19 and 7-20, 2010.

The dedicated staff at SMHC have worked hard over the past year to grow and refine the Career Focus. Due to strong leadership support, it is anticipated that the program will continue to expand in the upcoming year. Clearly these efforts have been beneficial as it is obvious through speaking with leadership and frontline staff that there is a strong understanding of the important role the supported employment program plays in helping clients in their recovery process. It is noteworthy that the employment coordinator has worked to secure substantial funding through the Granite State Employment Project (GSEP) to help support development of program infrastructure, including a media campaign and netbooks. It is evident that the employment team and members of the EBP Steering Committee have worked hard to create a culture within the agency, where work is both valued and promoted.

SE Fidelity Review Reports - The General Organizational Index (GOI) Section. SE fidelity reviews are conducted in order to determine the level of implementation and adherence to the evidenced-based practice model of the CMHP's SE program. A SE fidelity score was determined following the review. The anchor points on the GOI scale are defined for each individual item, and can be roughly thought of as ranging from a one (1) no implementation, to a five (5) full implementation.

Seacoast Mental Health Center FY09 & FY11 Fidelity Ratings		Score	
		FY09	FY11
Staffing			
1.	Caseload size	3	5
2.	Employment services staff	4	4
3.	Vocational generalists	4	4
Subtotal:		11	13
Organization			
1.	Integration of rehabilitation with mental health thru team assignment	5	4
2.	Integration of rehabilitation with mental health thru frequent team contact	5	3
3.	Collaboration between employment specialists and VR	3	5
4.	Vocational unit	4	5
5.	Role of employment supervisor	3	4
6.	Zero exclusion criteria	4	4
7.	Agency focus on employment	3	2
8.	Executive team support for SE	4	4
Subtotal:		31	31
Services			
1.	Work incentives planning	3	5
2.	Disclosure	5	5
3.	Ongoing, work-based vocational assessment	4	5
4.	Rapid job search for competitive job	3	3
5.	Individualized job search	5	5
6.	Job development — Frequent employer contact	1	2
7.	Job development — Quality of employer contact	3	4
8.	Diversity of job types	5	5
9.	Diversity of employers	5	5
10.	Competitive jobs held	4	5
11.	Individualized follow-along supports	5	5
12.	Time unlimited follow-along supports	4	4
13.	Community-based services	5	5
14.	Assertive engagement and outreach by integrated treatment team	4	4
Subtotal:		56	62
Total:		98	106
Exemplary Fidelity=		115-125	
Good Fidelity=		100-114	
Fair Fidelity=		74-99	
Not Supported Employment=		73 and below	

RECOMMENDATION II-A:

It is recommended that this information be shared with the SMHC BOD.

CMHP RESPONSE II-A:

REQUIREMENT: He-M 403.06 (a) (13) Consultation, as requested, and support to consumer-operated programs to promote the development of consumer self-help/peer support;

OBSERVATION II-B:

The relationship with the local peer support program has varied overtime.

RECOMMENDATIONS II-B:

SMHC is encouraged to explore opportunities for collaboration with the local peer support agency.

CMHP RESPONSE II-B:

REQUIREMENT: He-M 403.06 (a) A CMHP shall provide the following, either directly or through a contractual relationship: (2) Case Management pursuant to He-M 426.15

OBSERVATION II-C:

Though program and team descriptions were included in the application and on the website, these did not include a clear description of core targeted case management services (assessment, referral, and monitoring). In addition, the services identified in case management job descriptions are more broadly defined and included activities outside the core services of assessment, referral, and monitoring.

RECOMMENDATION II-C:

It is recommended that all targeted case management service descriptions focus on the core activities of assessment, referral and monitoring.

CMHP RESPONSE II-C:

REQUIREMENT: He-M 403.06 (d) (9) Services provided to children shall include Sexual Offender Assessments and Treatment.

OBSERVATION II-D:

SMHC does not provide these services.

RECOMMENDATION II-D:

Develop policies regarding the provision of or the referral to child and adolescent sexual offender assessment and treatment.

CMHP RESPONSE II-D:

SECTION III: HUMAN RESOURCES

The CMHP is responsible for determining the qualifications and competencies for staff based upon its mission, populations served, and the treatment and services provided. An organization's personnel policies define what the agency can expect from its employees, and what the employees can expect from the agency.

The BOD is responsible to review and approve the CMHP's written personnel policies. The policies should be reviewed on a regular basis to incorporate new legal requirements and organizational needs. Every employee should review a copy of the policies.

The BBH team reviewed a sample of SMHC personnel records to assure compliance with Administrative Rule He-M 403.05 (g) through (i) and He-M 403.07 (a) through (e) including current licensure, resumes, training documentation, and background checks.

In addition, an anonymous survey was distributed to SMHC staff at the time of the review. A total of 210 surveys were distributed and 72 were returned for a response rate of 34%. The focus of the survey were questions regarding training, recovery orientation of the agency, consumer focus, agency responsiveness to consumer, impact of funding restrictions, and supervision. Included below is a summary of responses in both narrative and aggregate form.

At the time of the review, SMHC was in substantial compliance with all the requirements referenced above.

REQUIREMENT: The table below consolidates the findings regarding the requirements in He-M 403.07 (b) through (e) pertaining to documentation found in personnel files.

OBSERVATIONS III-A:

SMHC HUMAN RESOURCES TABLE												
He-M	Requirement	Personnel Files										% Compliance
		1	2	3	4	5	6	7	8	9	10	
He-M 403.07 (b)	Criminal background checks	Y	N	Y	N	N	Y	Y	Y	Y	N	60%
He-M 403.07 (b)	OIG sanctioned provider check	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (b)	DMV check	N/A	N/A	Y	N	Y	Y	Y	N/A	Y	N	71%
He-M 403.07 (c)	Annual performance review	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	90%
He-M 403.07 (d)	Staff development plans	Y	N	Y	Y	Y	N/A	Y	Y	Y	Y	89%
He-M 403.07 (e)	Orientation training	N/A	N/A	Y	Y	Y	Y	Y	N/A	Y	N/A	100%
He-M 403.07 (e) (1)	Does Orientation include the Local and State MH System including Peer and Family Support	N/A	N/A	Y	Y	Y	Y	Y	N/A	Y	N/A	100%
He-M 403.07 (e) (2)	Does Orientation include an overview of mental illness and current MH practices	N/A	N/A	Y	Y	Y	Y	Y	N/A	Y	N/A	100%
He-M 403.07 (e) (3)	Does Orientation include Applicable He-M Administrative Rules	N/A	N/A	Y	Y	Y	Y	Y	N/A	Y	N/A	100%
He-M 403.07 (e) (4)	Does Orientation include accessing the local generic service delivery system	N/A	N/A	Y	Y	Y	Y	Y	N/A	Y	N/A	100%
He-M 403.07 (e) (5)	Does Orientation include Client Rights training	N/A	N/A	Y	Y	Y	Y	Y	N/A	Y	N/A	100%

* Please note that "N/As" in the table above are due to staff hired before the current requirement became effective or for staff who do not transport consumers.

RECOMMENDATIONS III-A:

All personnel files be monitored for completeness including annual evaluations for the CEO per He-M 403.07 (c).

CMHP RESPONSE III-A:

REQUIREMENT: He-M 403.05 (j) Each program shall employ a Children's Services Coordinator who shall work with the Bureau in service system planning for children and adolescents and all inpatient admissions and discharges, including the Anna Philbrook Center (NHH).

OBSERVATION III-B:

The job description for the Child, Adolescent and Family Services Director does not include specific responsibilities regarding system planning for children and adolescents and all inpatient admissions and discharges, including the Anna Philbrook Center (NHH).

RECOMMENDATION III-B:

It is recommended that the job description for the Child, Adolescent and Family Services Director be revised to include responsibilities regarding system planning for children and adolescents and all inpatient admissions and discharges, including the Anna Philbrook Center (NHH).

CMHP RESPONSE III-B:

REQUIREMENT: He-M 403.06 (a) A CMHP shall provide the following, either directly or through a contractual relationship: (2) Case Management pursuant to He-M 426.14.

OBSERVATION III-C:

Core targeted case management services are described well in the program description focusing on assessment, referral and monitoring. However, the services identified in job descriptions are more broadly defined and included activities outside the core services of assessment, referral and monitoring. In addition, the case manager job description provided in the application includes references to mental illness management services.

RECOMMENDATION III-C:

It is recommended that all case management descriptions be limited to the core case management activities of assessment, referral and monitoring.

CMHP RESPONSE III-C:

**SEACOAST MENTAL HEALTH CENTER, INC.
REGION VIII**

**STAFF SURVEY RESULTS
2010**

As part of the Reapproval process, BBH requested that a CMHP staff survey be distributed. The surveys are completed, returned in a sealed envelope, and the results compiled for inclusion in this report. The results of the survey are outlined below for consideration by SMHC.

1. Does your agency provide job-related training?

<u>Yes</u>	<u>No</u>	<u>No Answer</u>
71/81	2/81	8/81
88%	2%	10%

a. How would you rate your agency's staff training effects?

<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>No Answer</u>
3/81	34/81	40/81	4/81
4%	42%	49%	5%

b. How responsive is your agency to your training requests? (Give examples)

<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>No Answer</u>
5/81	33/81	32/81	11/81
6%	41%	40%	13%

1. Does your agency provide job-related training?

1. I requested DBT training and within 2 weeks I was given DBT training materials and invited to shadow a DBT group.
2. Agency does not fund or reimburse for any job trainings.

a. How would you rate your agency's staff training effects?

1. It really depends on the department - children's and the team working with children with autism have excellent training and staff development. The CPS department does not.
2. No time to attend trainings.

b. How responsive is your agency to your training requests? (Give examples)

1. Agency does not have the funds to bring in known experts in various fields to attend specific training in areas related to my work – I need to spend my own money and do it on my own time. Would like to see a possible, partial reimbursement towards productivity.
2. More would be better, as much as the budget can afford.
3. There is usually no time available for training due to the lack of staff to cover, and productivity expectations.
4. I have not made any – unknown.

5. Asked for co-occurring training and it happened.
6. Staff growth-development are always ready to add any topics of need. Recently the agency provided additional TCM training out of a request for more info. Regular supervision is also good training time.
7. Would not pay for training.
8. Training and staff development have been downsized greatly over the years as billable hours and productivity standards have risen. Costs of presenters have risen as well. The cost of this is management and staff focusing mainly on helping the agency stay solvent and trying to make ends meet with reduced state support with a population that is not dependable enough due to the severity of their illnesses to run a pure business model. With the lessening of support for training, there has been more staff turnover with new staff and a leaving of long-term staff. Luckily, and possibly by chance, not many clients have been harmed by this.
9. We are offered trainings through the agency but it is a struggle to obtain outside trainings due to budget cuts.
10. CEU seminar offerings are very good. Other trainings offered are too basic to be helpful. No money for outside trainings or good in-services.
11. I am support staff so N/A.
12. Have not given requests as of yet.
13. Haven't had any specific training requests but my supervisor has provided me with additional material on subjects, when I requested.
14. Anytime there has been a request for training, i.e. CPI, First Aid, IMR, etc., training has been offered.
15. I don't know, as I have never made a request.
16. Agency tries to support CEU needs and to coordinate trainings about community resources.
17. Although there are in-service trainings at times, it's difficult to go without productivity being negatively affected.
18. No time to attend trainings.
19. Arranged extensive PRC training in EBP practice.
20. When I identify a training of interest, I feel supported in exploring it. However, expectations at work do not always allow us to attend, due to productivity requirements, coverage, etc.
21. For administrative training, there is really nothing offered. Most trainings are for clinical needs.
22. Training varies greatly by program and even teams within the same program. CAFS is by far the most proactive department for training. The agency used to provide a robust in-service and CEU program but the chairs of that committee and HR are ineffective.
23. Allow time off to attend.
24. N/A.
25. Trainings are disorganized with information that constantly changes on how to provide IMR and TCM.
26. I am a new employee, however, I have had daily trainings and supervision in my first week here to help support me with any questions or problems I may have.
27. We are starting to get hour-long trainings in the next few months. I have not heard anything about motivational interviewing or couples therapy treatment. There however was a good overview on substance abuse recently.
28. Staff requests are often not frequent due to costs, yet the agency is generally responsive to requests.

2. Does your agency provide training in recovery philosophy?

<u>Yes</u>	<u>No</u>	<u>No Answer</u>
58/81	8/81	15/81
72%	10%	19%

2. Does your agency provide training in recovery philosophy?

1. Not a ton, but enough.
2. IMR, TCM, also a part of all supervision.
3. Don't know.
4. Training has been minimal. There is a committee that meets 2 times a month but very little comes out of it.
5. Only IMR training but not as regular staff training.
6. I do not know.
7. Not really. IMR training is offered, but not much else recovery oriented.
8. N/A
9. IMR training provided. However, between TBS, TCM and IMR there is too much paperwork that is very confusing to complete and too much information for case managers and therapists to absorb as they are already overworked.
10. In reference to IMR, the bimonthly meetings do not meet training requirements. Rather, they focus mostly on paperwork changes. The IMR binder continues to be unfamiliar territory. The agency supposedly provides training in recovery philosophy (inferred).

3. In helping people with mental illness establish a recovery oriented treatment plan, do you find your agency supportive? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
46/81	20/81	5/81	10/81
57%	25%	6%	12%

3. In helping people with mental illness establish a recovery oriented treatment plan, do you find your agency supportive? (Give examples)

1. They provided extra trainings in recovery oriented treatment goals and consistently encouraged us to be client centered.
2. Don't know – I'm on a child and family team.
3. Focus on strength, _____ factors (illegible).
4. Supervisor is always available to offer suggestions and support re: establishing a relevant treatment plan.
5. I am not sure the administration understands the concept of recovery. The focus is on collecting payment for services.
6. The agency is supportive but often the wait for services (because of lack of resources) is too long for struggling clients.
7. Resiliency factors are noted in initial assessment.
8. Treatment plans are focused on goals and whether or not those are effective, personal and achievable.

9. I can always go to QI, my own supervisor and my team with any questions! Our forms as developed by QI Team also help keep us focused on recovery.
10. In doing treatment plans the staff have three masters. The state who want recovery plans, insurance companies who want symptoms plans, and medical model of wanting medical necessary plans. This leads to much confusion on who to please leaving compromises in many areas.
11. Yes – not the orientation in the department in which I work.
12. The agency is supportive. However, the adult population managers lack follow through in this area. Trainings have been put on hold.
13. Through IMR.
14. Our treatment plans are focused on strengths and are established collaboratively.
15. My treatment plans are reviewed by my supervisor.
16. Although treatment plans are to be recovery-based, inability to provide brief treatment even where appropriate due to such high caseloads.
17. Although treatment plans are to be recovery-based, inability to provide brief treatment even where appropriate due to such high caseloads.
18. Agency has changed items on paperwork to represent recovery-oriented ideas. Agency communicates client's needs and recovery goals are a priority.
19. The predominate sense is recovery-focused.
20. More and ongoing training is needed to move to recovery plans vs. treatment or maintenance plans. I believe staff is trying to work with clients around recovery goal identification.
21. N/A.
22. It is left up to individual case managers and therapists. IMR trainings are available but information is constantly changing and there is confusing information. Lack of time for case managers to learn information properly.
23. As stated previously, I am a new employee, however, any treatment plans that I have reviewed, or have had support in completing for new clients have been goal oriented and strengths are based to support recovery.

4. Do you find services are truly based on consumer needs and interests?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
49/81	23/81	1/81	8/81
60%	28%	1%	10%

4. Do you find services are truly based on consumer needs and interests?

1. Because of budget cuts many programs have been cut leaving many clients without needed services but I feel we do the best we can.
2. The few services provided do not come close to meeting the consumers' needs and there appears to be no hope of increasing services.
3. Some services have more interest than staff – such as outreach services.
4. Our agency seeks to meet consumer's needs yet funding for those needs is an ongoing complication.
5. Yes, clients are extremely involved.
6. That is the goal of all our work here at SMHC.
7. Recently seem more based around budget/funding abilities not consumer needs.
8. Yes.
9. Children's departments do very well in this area.

10. Except substance abuse treatment.
11. Needs, seldom interests.
12. To a degree – some groups/programs are offered, but not as many as are needed (staff ability and time constraints are factors).
13. The services offered are typically done so to meet productivity.
14. N/A
15. Services are usually based on how much money can be brought into the agency.
16. Not sure.

5. When you represent consumer requests/needs to your agency staff, are they responsive? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
40/81	31/81	0/81	10/81
49%	38%	0%	12%

5. When you represent consumer requests/needs to your agency staff, are they responsive? (Give examples)

1. Again, because of budget cuts we are limited some times, however, my coworkers are always willing to help or suggest referral ideas – most regular examples are related to meeting spend downs and other financial stressors/needs.
2. If clients have concerns about services, supervisors are quick to respond.
3. We team high profile/high risk families and explore resources/services. Supervisor very responsive and open to setting up SFAT or wraparound meetings to explore family/consumer needs.
4. The usual response is – those services are not available. I have given up trying to communicate the requests.
5. Staff are supportive at every level and including with each client's financial burden even if all methods to help are exhausted.
6. In meetings the question is always what does the client want – are we meeting the client where they are (emotionally)?
7. Always. We work across departments when a specific need can be better met there.
8. Responsiveness to clients' needs are now based on agency income due to state budget cuts as well as agency cuts, as many activities that were provided do not generate payments that were beneficial to clients. Our center cannot now afford to provide "free" services that were provided in the past that were more socially oriented as funding was cut. This includes transportation that was provided to clients to access services.
9. As best they can, mostly based on what we have to work with – i.e. more availability of provider hours/scheduling but no relief of hiring additional staff to allow for this.
10. Group requests have started groups.
11. A more common request has been a sliding scale fee or fee reduction. The agency has always been as fair as possible in making sure clients get the help they need.
12. Supervisors are always receptive, but often bound by funding limitations.
13. Generally, it seems agency is more focused on revenue and not as much as real needs of clients.
14. Supervisors work to accommodate physical, financial and treatment needs when possible.
15. Difficulty getting in for appointments regularly is sometimes an issue. There is no cap to a caseload however, so this is not addressed by the agency.
16. Requests for evening appointment times not addressed.

17. I talk with supervisor who listens with a clinical ear and we explore how to meet needs vs. what is available. We'll do what we can with what we have.
18. Many clients could use more hours per week but can't have this due to overloading outreach workers.
19. Again – variable across managers and staff. Some are very responsive, others are closed because they feel “attacked” and have a harder time hearing other perspectives and using these as learning opportunities or practice improvement.
20. Financial needs are assessed and addressed.
21. N/A.
22. Direct supervisors are responsive. Agency director is not.
23. Whenever I have presented a client need or one of my own, I am responded to promptly and my needs have been met effectively to best support new clients.
24. In general – yes, but, here are two ongoing problems: not enough therapists and case managers – and it's hard for new patients to access all our services – sometimes takes months.
25. Many staff respond to TCM-related inquiries and request I may have. Also, staff are good about coordinating extra wraparound supports during times of intense need.

6. Do you find an individual's services restricted by lack of funds? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
37/81	29/81	6/81	9/81
46%	36%	7%	11%

6. Do you find an individual's services restricted by lack of funds? (Give examples)

1. Caps on FSS limit my ability to assist with benefit application benefits – especially SSA, as well as, medical appointments.
2. At times families cannot afford needed services even with sliding scale or they are in financial difficulties and unable to qualify for assistance. Most often CMHC works with families to provide services needed.
3. I work in childrens and work with many single parents who could benefit greatly with individual treatment and do not qualify for CSP and therefore do not receive services – making family work slower. The sliding scale is still too high for them to be seen.
4. Depending on insurance coverage.
5. Increase revenue-generating staff and decrease admin staff. The agency relies on state funding so it is true – funding may be one issue but the lack of vision and the ability of management to find alternative sources of funding is the problem.
6. The wait for our CSP program (for most ill consumers) is months at a time.
7. Adult services not easy to access for those without insurance.
8. For uninsured or underinsured adults who do not meet eligibility for state supported services.
9. It is very disappointing to inform service restrictions due to lack of funding or a client doesn't meet poverty limits.
10. 2.5 hour limit is very restrictive. Medicaid income guidelines and services cap – staff cannot be paid enough to stay long enough.
11. Housing.
12. The change to TCM has restricted some of our ability to provide hands on case management services that were previously allowed and that doesn't fit into TBS or TCM. The process of getting waivers for the occasional need for more than 2.5 hours of TBS gets in the way of providing this service when it is not a crisis.
13. Clients who cannot pay or contribute to their back balance are in danger of losing services.
14. We are told we cannot hire another therapist for our team yet most all therapists are making productivity, booking out intakes through September and continue in fear of additional cuts so my assumption is it's because of funding.

15. Private insurance limits on services needed for lasting change. Those without insurance unable to access services or get limited services.
16. Insurance restrictions, functional support caps, lack of funding for transitional age (children - non-eligible adult).
17. Sometimes when clients can't pay toward their bill, they can't get services.
18. Cuts in staffing! We are unable to meet the demands due to high caseloads and limited staffing, long wait times for people to get services here. With more funding we could hire more staff and service more clients.
19. Spend downs, the "In & Out" Programs are extremely restrictive for both clients with Medicaid and the agency. Some clients have spend downs so high that if they could afford to spend those amounts on their care, they would not need Medicaid to begin with.
20. Transportation is no longer offered to individuals who need it.
21. Not currently but budget cuts will likely have a negative impact on this.
22. No good local drug and alcohol treatment centers can afford. No housing, high staff turnover (more triage work less therapeutic work).
23. Insurance companies make it harder to get authorization for services. Family spend downs a challenge – people can't really afford what state says they can pay.
24. Not enough staff in most departments to get a person in for services in a timely manner. Long waits for intakes, therapy and doctor's appointments.
25. Supported employment program is notable to perform essential services due to no reimbursement. Transportation not funded.
26. Clinicians need more training/trainers around dual diagnosis/substance abuse.
27. We are unable to use many community activities due to restrictions of funding.
28. Waiting lists in departments where staff is meeting productivity standards – in CAFS kids can't get in timely and staff is not slacking – need more CAFS staff.
29. Adult outpatient population and emergency services.
20. Case management, therapy and meds.
21. N/A.
22. Case managers are overworked and underpaid. Morale is low and agency cut paying for case manager's cell phones. Services to clients are affected negatively by these things. Upper management (director) disconnected from clinicians providing direct care services.
23. I have only worked at this agency for 4 days, but all services seem to be available to adults. At times, private insurance co-pays can be high, making it difficult for clients.
24. No insurance – can't pay for meds – can't pay for transportation to SMHC.
25. Funding for the van to go, for example, or extra funding for Community Bridges or funding to train volunteers.
26. Cuts to rates and unit caps place more administrative burden on staff often requiring staff to make the choice to only provide 2.5 hours of service rather than do all the administrative paperwork to get the waiver.

7. Are your agency's managers accessible to you?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
60/81	14/81	5/81	2/81
74%	17%	6%	2%

a. Are your supervisors accessible to you?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
70/81	9/81	1/81	1/81
86%	11%	1%	1%

b. Do you find managers/supervisors helpful when you have questions, problems, or ideas that you wish to discuss?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
66/81	12/81	1/81	2/81
81%	15%	1%	2%

7. Are your agency's managers accessible to you?

1. Especially via email and phone.

a. Are your supervisors accessible to you?

1. Especially via email and phone.

b. Do you find managers/supervisors helpful when you have questions, problems, or ideas that you wish to discuss?

1. Absolutely, NO complaints.
2. Our managers/supervisors are great! Thumbs up!!!
3. Supervision is extremely helpful.
4. This is one of the strengths at SMHC, the availability of supervision and management. This has improved significantly in the past few years.
5. When direct supervisors are available they are extremely helpful, however they are seeing clients more now to keep the agency solvent being less available to support staff and deal with emergencies and day to day procedures as communication has lagged putting clients at risk. This coincides with reduction in training and education. Upper management are available through e-mail and usually do not communicate face to face with staff.
6. The administrative managers and QI director are always available. Many times clinical managers lack knowledge of policies or do not know answers of a non-clinical nature.
7. Supervisor is not full time so accessibility is limited.
8. Current supervisor is excellent, but there has been a lot of turnover. As far as higher-up management, not as accessible.
9. Increased responsibility on supervisors equals decreased clinical time, decreased meaningful supervision.
10. Supervisors are very responsive and supportive to staff needs and concerns. Supervisors care about staff and want people to succeed.
11. Great supervision quality.
12. Again, variable – too many managers do not know basic answers/policies/procedures. Some are extremely helpful and respected.
13. N/A.
14. Managers are helpful when they are available. Frequently, not available due to overwork and the fact that they have too many responsibilities (they are managers and they do therapy).
15. Sometimes TCM-related knowledge is lacking, but I can often seek assistance from other staff.

ADDITIONAL COMMENTS:

1. Agency is generally supportive. However, staff are only getting 45 minutes of productivity even if client needs whole hour because this is the minimum insurance will reimburse for 90806. In

other words, the agency appears to be moving toward 45-minute sessions (and scheduling clients every 45 minutes) even though they may need a full hour. This model is not consistent with outcome research, especially research on disruptive behavior disorders. I feel this will tie therapists' hands and result in poor services for clients.

2. Managers and supervisors are very good at providing info on job related trainings. However, the agency does not offer reimbursement or funding for attending any trainings.
3. Funding is a big problem: interfering with therapists' length of stay, amount of available therapists and case managers, not having enough experienced, longtime therapists. The many changes in providers is effecting the continuity of care especially in difficult cases. Negativity, which is also a big complaint on parents/clients side.
4. The agency should make more of an effort to retain staff. The cost of constantly training new staff must be very high. Staff does not feel valued.
5. AOP supervisors are great, so are elders.
6. Seacoast Mental Health seeks to inform, to be informed and is supportive in every situation that I am aware of. SMHC have as employees had cut backs in our salaries, benefits and 403bs. How can we as a care system continue to survive as an agency and as caring clinicians without adequate compensation?
7. I do not always feel that the state values the work we do at the MHCs. We do not have as strong a voice in advocacy for our clients as had been in the past, and that is sad. It seems other populations, DD for instance gets heard for than our clients.
8. Since my start at SMHC I have very much enjoyed working here but since last fall, it has become increasingly more difficult to feel secure in my position and the environment has been one of anxiety and fear for positions, services, funding, etc. It does not make for good team morale or a sense of security, leaving one to feel somewhat distracted and limited in how they can best focus on doing the best in their position/role at the agency.
9. I am not involved in patient care. Therefore, many of the questions are not applicable.
10. Overall, staff work very hard and provide meaningful and necessary services to our clients.
11. The staff and supervisors at Seacoast Mental Health Center do an amazing job delivering the highest quality and most professional services to their clients at all times, despite the various barriers that they face on a daily basis. Supervisors are always receptive to needs and ideas, even if they are unable to accommodate. That said, the serious lack of funding and often unrealistic expectations of SMHC administration make it nearly impossible to meet every client's needs or complete tasks that are not direct care related.
12. SMHC provides excellent services to clients. It would be lovely if there were room for a substance abuse department, but funding/priorities are not in agreement with this. Also, staff that work out in the community are faced with outrageous productivity/paperwork requirements that most are in a constant state of stress and in financial trouble themselves. These are the most difficult jobs in the agency with highest expectations and lowest reward. High turnover creates stress for clients as they have to learn to trust new people too often, considering their illness. In addition, constant paperwork required of clients in order to keep benefits with spend down issues mentioned above – also creates exacerbated symptoms. In short, the state is paying to help manage symptoms the state causes.
13. I feel that recent funding cuts have decreased the availability to services for many clients.
14. I am support staff so much of this does not apply.
15. This survey is geared towards clinical staff. As I am an administrative staff person, I found I could not answer most questions.
16. Increased clients decreased staff equals more hospitalizations, arrests, more difficulty staying in community. Increased funding equals decreased overall costs.
17. To establish better TBS/FS services productivity should not be based solely on billed hours (if we have a client for 3 hours but only serve 2 hours for intervention we should get credit for 2 hours vs. 3 hours we are working).

18. I am very committed to the mission of SMHC and meeting the needs of those in the community living with mental illness and interacting with those with mental illnesses. I wish we did more family work with adult clients. I feel there are some middle management problems that need to be addressed. Sometimes good clinicians make terrible managers.
19. The restricted financial picture impacts the answers to the above questions.
20. Challenges due to increased paperwork expectations, lower accessible funding which at times takes away from good client care.
21. Staff turnover in CSP and Children's Program is great. Agency is unable to fill positions and consumers go without services or are divided up among remaining staff who are already overloaded. Major disconnect between agency director and staff providing direct care. Cell phones are no longer reimbursed by the agency which means clients are not getting calls/prompts from staff in the community, leading to missed appointments. Morale is very low so consumers are not getting services they deserve due to overwork, excessive paperwork, and high productivity expectations for staff. There is a lack of qualified people to fill the constant resignations from staff that provide direct care.
22. Seacoast Mental Health Center seems to be a highly supportive and professional organization to be working for, in my short time here. I feel my questions and needs as a clinician have been answered promptly and adequately by supervisors and other support staff. Clinical growth and learning appear to be highly supported and in a relaxing environment, where learning can take place.
23. I think it would be awesome if the managers/supervisors were more knowledgeable of the ins and outs of the DHHS programs (i.e. assistance, health insurance, etc.) and SSA related benefits. Having more easily accessible knowledge would steer me more effectively, I think, with my clients.
24. The center does a good job of supporting staff compared to other centers. Yet, based on the low pay and increased costs of benefits, it is hard to retain good staff. Ongoing cuts to services and rates make it challenging to provide services with flexibility. It seems we feel more driven by BBH expectations than client expectations.

SECTION IV: POLICY

Policies and procedures ensure that fundamental organizational processes are performed in a consistent way that meets the organization's needs. Policies and procedures can be a control activity used to manage risk and serve as a baseline for compliance and continuous quality improvement. Adherence to policies and procedures can create an effective internal control system as well as help demonstrate compliance with external regulations and standards.

The SMHC BOD is ultimately responsible for establishing the policies for the governance and administration of the CMHP. Policies are developed to ensure the efficient and effective operation of the CMHP. The BOD, through a variety of methods, is responsible for demonstrating adherence to the requirements of state and federal funding sources.

At the time of the review, SMHC was in substantial compliance with all the requirements referenced above.

REQUIREMENTS:

He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

GENERAL OBSERVATION IV-A:

Several policies and program descriptions still refer to Mental Illness Management Services (MIMS) including:

Policy No. 10.11.02	MIMS Services Billing Arrangements
Policy No. 3.01.05	Deaf Services
Policy No. 3.01.05	Senior Counseling Services
Policy No. 10.11.01	Insurance Verification/Authorization

RECOMMENDATIONS IV-A:

Update and or delete policies that include references to discontinued services such as Mental Illness Management Services.

CMHP RESPONSE IV-A:

REQUIREMENTS:

He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

OBSERVATION IV-B:

Upon review of the policies submitted as part of the reapproval application, some were documented as reviewed and approved by the BOD, some by the ED, and some appeared to not have been approved.

RECOMMENDATION IV-B:

It is required that the BOD review and approve all policies.

CMHP RESPONSE IV-B:

REQUIREMENT: He-M 403.07 (a) (1) and (b) A CMHP shall establish and implement written staff development policies applicable to all administrative, management, and direct service staff which shall specifically address the following: Job descriptions; and a review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff member.

OBSERVATION IV-C:

There are no policies that has been approved by the Board of Directors or their designee for what is included in a job description, and the review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff member.

RECOMMENDATIONS IV-C:

Develop or amend policies to include the required elements in a job description and the review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff members. All policies must be reviewed and approved by the Board of Directors or their designee.

CMHP RESPONSE IV-C:

GENERAL OBSERVATION IV-D:

While the agency has adopted numerous policies that have strengthened the internal controls, there are some procedures in place with no corresponding written policies. These include the following:

- Credit card usage;
- Seeking written proposals for services, property, or major purchases;
- The testing of recovery procedures for computer information.

RECOMMENDATION IV-D:

The agency should consider developing formal written policies for these issues.

CMHP RESPONSE IV-D:

SECTION V: FINANCIAL

The purpose of financial oversight and monitoring is to ensure that public funds contracted to the CMHP are managed according to all applicable statutes, rules, and regulations. Self-monitoring of a CMHP not only helps ensure the integrity of the single agency, but the statewide mental health system. An insolvent CMHP cannot attain its Mission.

An essential role of a BOD is fiduciary oversight. In order for a CMHP BOD to be able to meet its fiduciary responsibilities to the State and the people it serves several things must occur. The BOD often has a Finance Committee that assists with the development of the yearly budget, reviews monthly financial statements, yearly audits, and other information. In addition, the Finance Committee and the CFO shares information with the rest of the BOD. Discussion of these issues should be well documented in the monthly Board minutes.

It is essential for any CMHP to have a comprehensive Financial Manual with policies and procedures that guide the day-to-day operations of the CMHP. Ongoing monitoring for compliance with internal control policies and bylaws is essential. In addition, there should be ongoing internal monitoring of financial and billing systems in order for an agency to remain solvent. Documentation of these internal controls is also essential.

The purpose of financial oversight and monitoring by the State Mental Health Authority is to review the financial performance of the CMHP. Best practices that serve to enhance the system as a whole through continuous improvement are also identified.

Please note that the format of this section differs from the remainder of the report. This is due in part to He-M 403 not including most financial areas addressed during the reapproval review. Some of the areas below are addressed in the BBH contract, and others are general comments and best business practices.

At the time of the review, SMHC was in substantial compliance with all the requirements referenced above.

OBSERVATION V-A:

BBH compiles an annual report for the CMHPs that includes a 5-year financial trend analysis. One section of the report addresses the liquidity of the CMHPs. Liquidity refers to the entity's ability to maintain sufficient liquid assets, such as cash and accounts receivable, to meet its short-term obligations.

One ratio used to measure liquidity is Days of Expenses in Cash (year end cash balance divided by average expenses per day). For the Days' Expenses in Cash ratio in FY10, SMHC ranked ninth out of the ten CMHPs, and last out of ten when averaging the last five years for this indicator.

In the event that the budgeted revenues earned are not received in a timely manner, the days of expenses in cash are vital to pay the day-to-day operational expenses.

Please see the following schedule.

REGION/ TREND	Days Expenses In Fiscal					
	2006	2007	2008	2009	2010	Avg.
Agency A	49	56	71	81	92	70
Agency B	76	83	36	56	64	63
Agency C	58	62	16	49	61	49
Agency D	13	27	17	46	64	33
Agency E	14	31	38	43	32	32
Agency F	10	15	13	9	16	12
Agency G	10	3	13	18	13	11
Agency H	4	7	4	2	24	8
Agency I	3	11	4	8	1	6
Seacoast	3	5	9	5	5	6
	24	30	22	32	37	29

RECOMMENDATION V-A:

It is recommended that SMHC develop a corrective action plan designed to improve this outcome.

CMHP RESPONSE V-A:

OBSERVATIONS:

Financial Performance refers to the entity's ability to manage revenues and expenses to avoid deficits. This is measured by Net Margin (Surplus) as a percent of revenue, which allows comparison of performance among entities of varying size, and review of the stability and relationship between revenues and expenses. While surpluses of six million dollars for FY10 appear to be the best in five years, SMHC had a sizable deficit and an overall deficit for the last five years.

Please see the following schedule.

REGION/ TREND	Net Margin (Rounded to \$000)						Net Margin-Pct of Revenue					
	Fiscal Year						Fiscal Year					
	2006	2007	2008	2009	2010	Avg.	2006	2007	2008	2009	2010	Avg.
A.	-\$58	-\$485	\$186	\$288	\$2,262	-\$11	-0.8%	-6.3%	2.3%	3.2%	19.6%	3.6%
B.	\$1,018	\$1,369	\$105	\$1,245	\$2,005	\$1,149	9.1%	11.2%	0.8%	8.5%	14.0%	8.7%
C.	\$397	\$458	\$609	\$600	\$1,673	\$558	2.0%	2.4%	3.2%	2.9%	7.3%	3.6%
D.	\$562	\$1,492	-\$9	-\$634	\$851	\$453	3.2%	8.1%	-0.1%	-3.5%	4.1%	2.4%
E.	\$296	\$1,026	\$9	-\$62	\$261	\$306	3.3%	10.1%	0.1%	-0.6%	2.5%	3.1%
F.	\$252	\$242	\$17	\$90	\$91	\$108	3.3%	2.9%	0.2%	0.9%	0.8%	1.6%
G.	\$58	\$607	-\$268	-\$119	\$58	\$67	0.8%	7.2%	-3.5%	-1.5%	0.7%	0.7%
H.	-\$23	-\$11	-\$61	\$313	\$6	\$80	-0.4%	-0.2%	-0.8%	3.8%	0.1%	0.5%
I.	\$28	\$1,871	-\$568	-\$230	\$5	\$221	0.3%	15.6%	-5.6%	-2.4%	0.0%	1.6%
Seacoast	-\$201	\$35	\$95	-\$52	-\$432	-\$12	-2.1%	0.4%	0.9%	-0.5%	-4.7%	-1.2%
J.	\$181	\$369	\$123	\$4	-\$731	-\$11	1.6%	3.2%	1.1%	0.0%	-6.6%	-0.1%
TOTAL	\$2,509	\$6,973	\$237	\$1,443	\$6,049	\$2,280	1.8%	5.0%	-0.1%	1.0%	3.4%	2.2%

Financial Strength refers to the entity's ability to weather unfavorable economic circumstances. Any entity will, at some time, experience a decline in revenues or unavoidable increases in costs. These circumstances must be addressed for the long-term viability of the entity, but the entity must have sufficient financial resources to carry it through the down cycles. Financial strength is measured by Days' of Expenses in Net Assets, which is accumulated surplus divided by average days' expense. Net assets provide a cushion for entities to weather downturns in financial performance, such as declines in revenues.

SMHC is ranked ninth out of the ten CMHPs for the least amount of net assets on hand and the amount of days of expenses in net assets. It also has the highest decrease over the last five years for both of these indicators.

Please see the following schedule.

REGION/ TREND	Net Assets (Rounded to \$000)					Average	Days' Expenses In Net Assets					
	Fiscal Year					Annual	Fiscal Year					
	2006	2007	2008	2009	2010	Change	2006	2007	2008	2009	2010	Avg.
A.	\$8,335	\$11,460	\$9,426	\$9,788	\$11,662	41.2%	300	386	261	268	347	312
B.	\$5,442	\$6,934	\$6,925	\$6,291	\$7,142	10.7%	115	150	144	123	130	132
C.	\$2,680	\$2,603	\$4,462	\$5,062	\$6,735	26.6%	49	51	87	93	116	79
D.	\$3,422	\$4,448	\$4,457	\$4,395	\$4,656	9.2%	146	179	168	163	166	164
E.	\$931	\$535	\$721	\$1,008	\$3,270	50.1%	47	24	33	43	128	55
F.	\$1,817	\$2,425	\$2,157	\$2,038	\$2,096	4.6%	94	113	99	94	95	99
G.	\$374	\$2,245	\$1,677	\$1,447	\$1,451	93.8%	14	81	58	54	55	52
H.	\$924	\$913	\$851	\$1,165	\$1,170	5.4%	52	46	41	54	55	50
I.	\$481	\$724	\$741	\$831	\$922	37.2%	24	33	29	29	31	29
Seacoast	\$715	\$750	\$845	\$793	\$361	-13.0%	27	29	31	28	14	26
J.	\$713	\$1,082	\$1,204	\$1,208	\$318	4.7%	24	35	39	38	10	29
TOTAL	\$25,834	\$34,118	\$33,466	\$34,025	\$39,783	24.6%	83	106	86	85	97	91

RECOMMENDATION V-B:

It is recommended that the agency develop a plan to manage the relationship of expenses to revenues and thus avoid future deficits.

CMHP RESPONSE V-B:

SECTION VI: QUALITY IMPROVEMENT AND COMPLIANCE

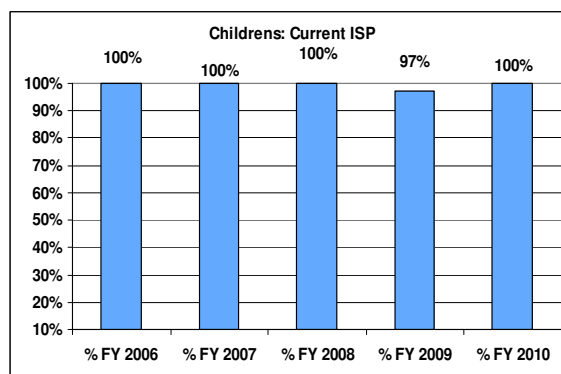
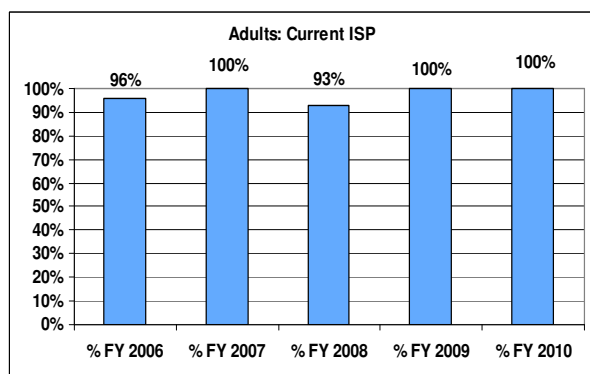
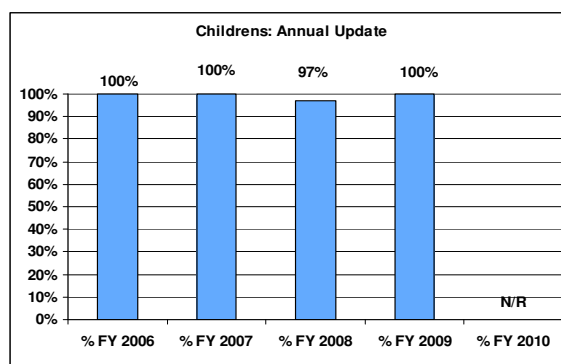
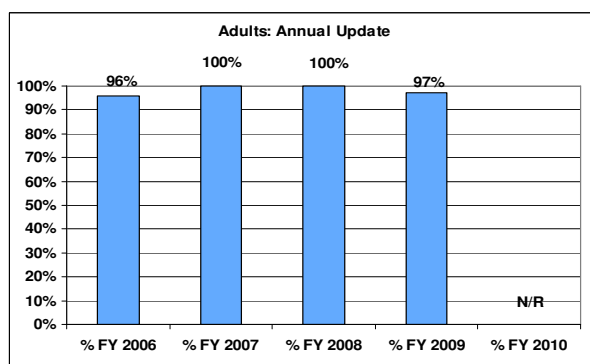
Quality improvement and compliance activities are expected to be conducted on both the state and local level. The BBH conducts annual quality improvement and compliance reviews and CMHP reapproval reviews on a five-year cycle. Other reviews occur as needed and requested.

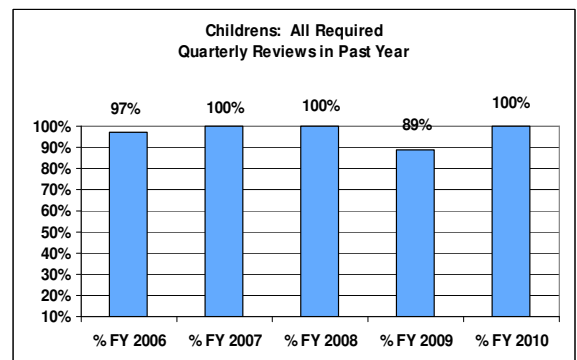
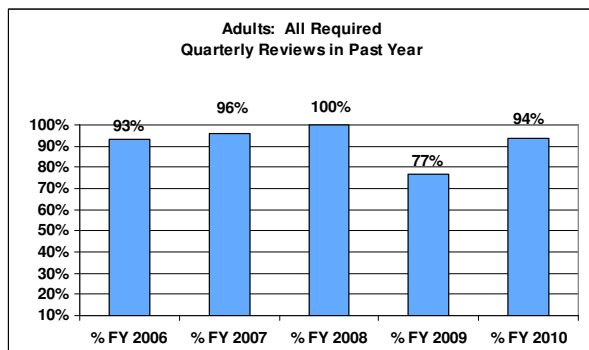
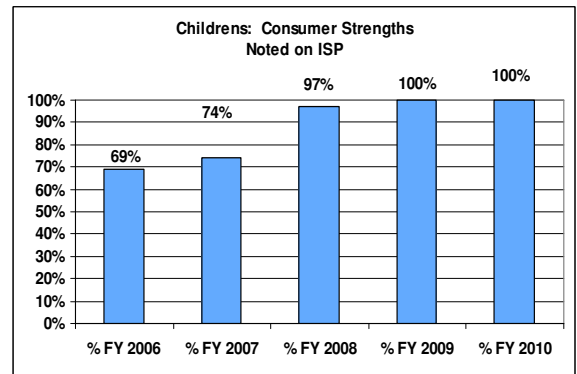
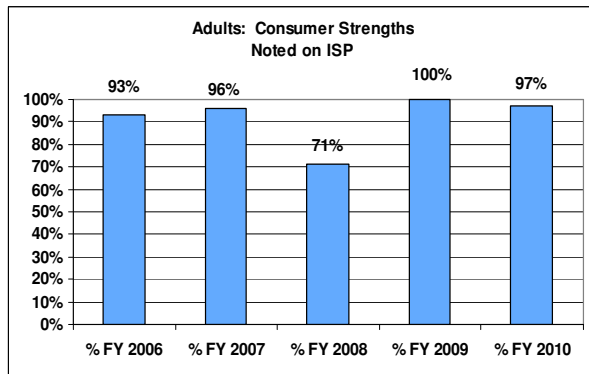
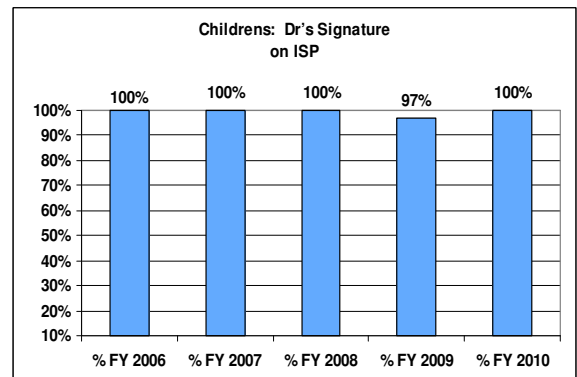
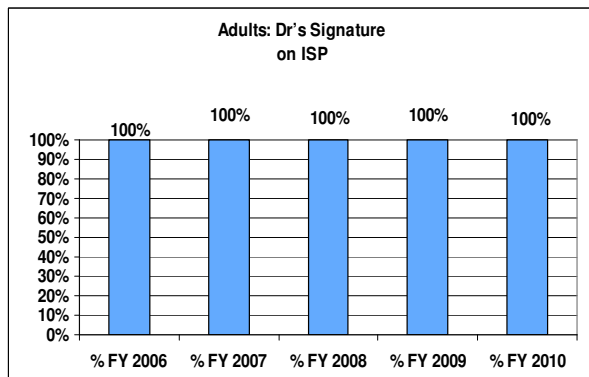
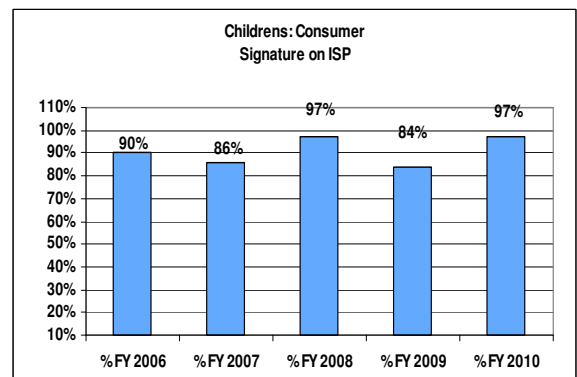
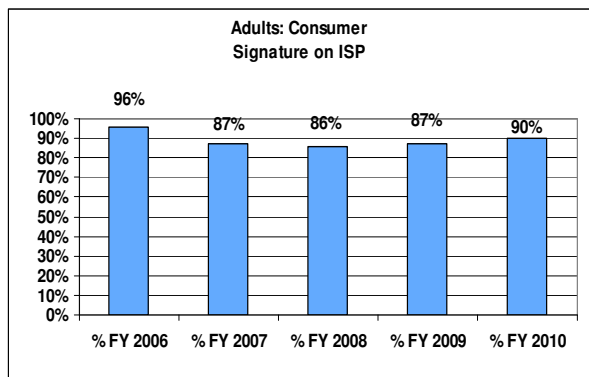
He-M 403.06 (i) and (j) outlines the minimum requirements for CMHP quality assurance activities. These include a written Quality Assurance Plan which includes outcome indicators and incorporates input from consumers and family members. The annual plan is submitted to BBH. Other activities include utilization review peer review; evaluation of clinical services and consumer satisfaction surveys. Please see the findings below regarding internal CMHP quality improvement and compliance activities.

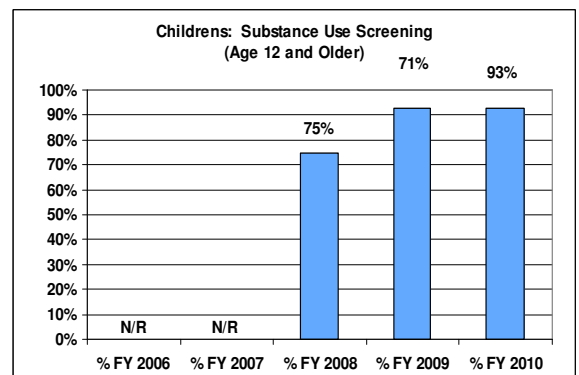
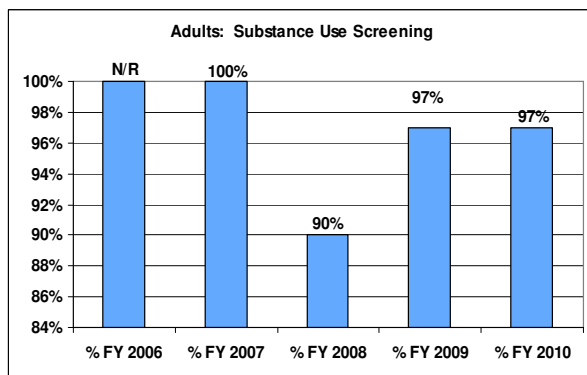
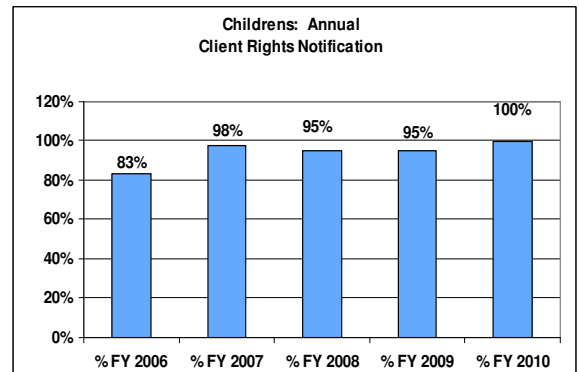
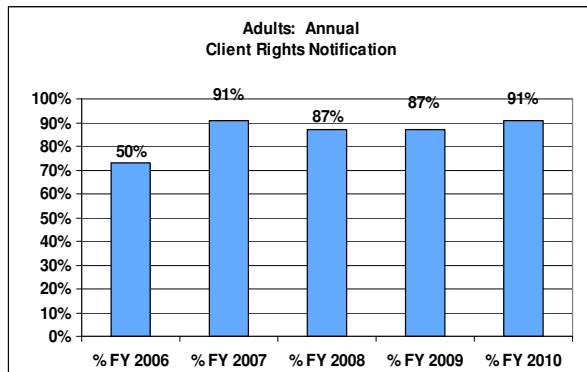
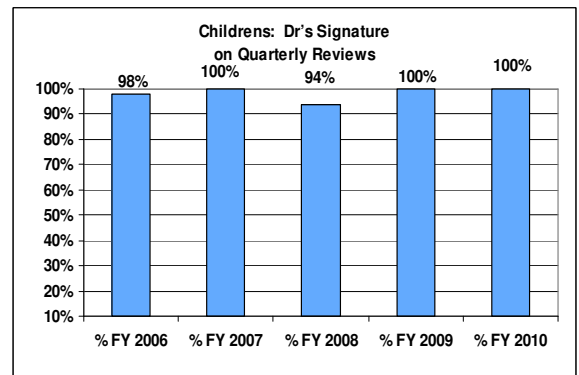
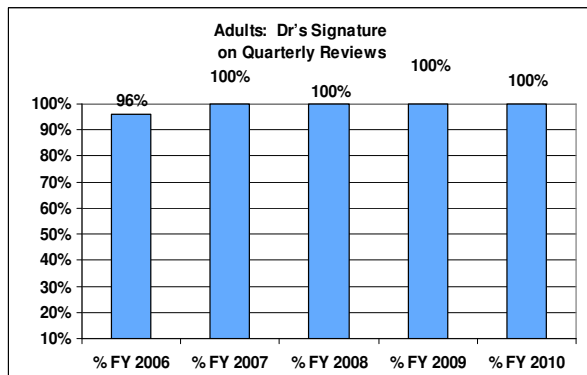
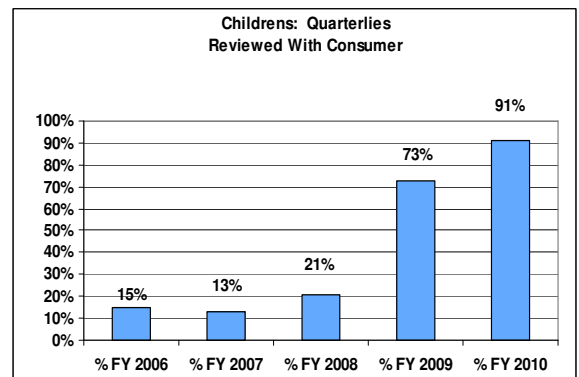
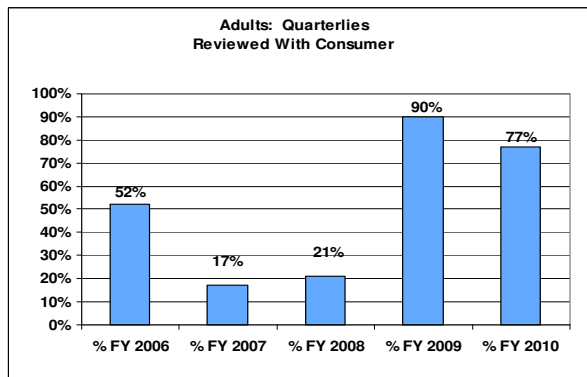
At the time of the review, SMHC was in substantial compliance with all the requirements referenced above.

OBSERVATION VI-A:

Five-year trend data from the annual BBH quality improvement and compliance reviews has been included as an overview of the SMHC level of compliance with clinical record standards. The charts below reflect some of the clinical record requirements and SMHC compliance levels. “N/R” noted in the charts below indicate that this requirement was not reviewed in a given year. In recent years, BBH has requested corrective action plans for any area with a compliance rating of 75% or less. These corrective action plans are received as part of that annual process.







RECOMMENDATIONS VI-A:

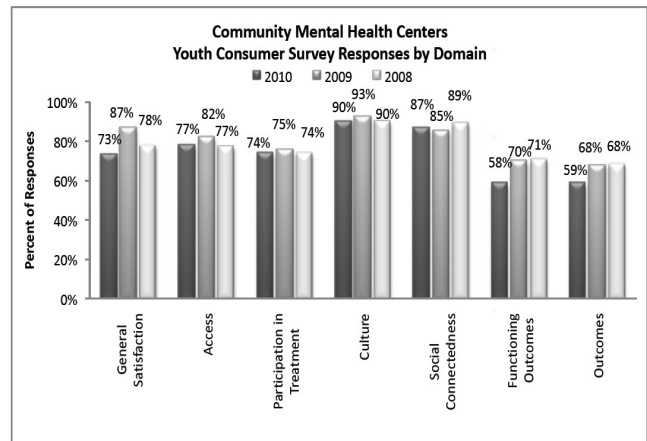
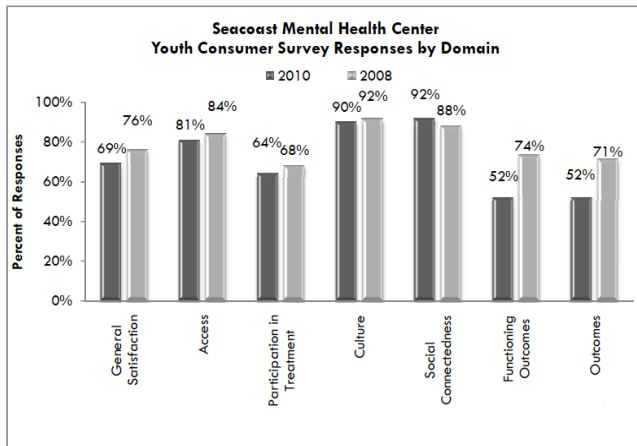
It is recommended that the BBH QI and Compliance Reports be shared with the BOD and utilized in planning activities. It is also recommended that SMHC continue to conduct and document internal quality improvement and compliance activities.

CMHP RESPONSE VI-A:

SECTION VII: CONSUMER AND FAMILY SATISFACTION

In the fall of 2007, the NH DHHS, BBH contracted with the Institute on Disability at UNH to conduct the NH Public Mental Health Consumer Survey Project. The project is part of a federally mandated annual survey of the nation's community mental health centers. The IOD and the UNH Survey Center conducted and analyzed findings for a consumer satisfaction survey of youth (ages 14 through 17), adults (ages 18 years and older), and family members of youth (ages 0 through 17) receiving services from NH's ten community mental health centers.

Below are summary excerpts from reports for both SMHC and the ten CMHPs as a group. Data from the surveys was compiled into seven summary categories including: General Satisfaction, Access, Participation in Treatment, Cultural Sensitivity, Social Connections, Functioning Outcomes and Outcomes. The charts are divided by population into three sections including, youth, adults and family members of youth.



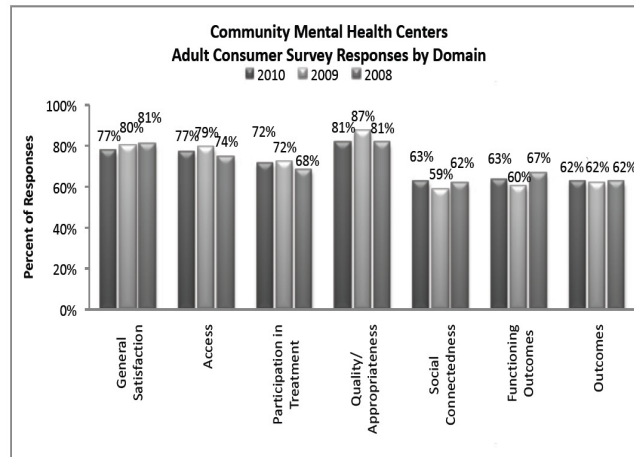
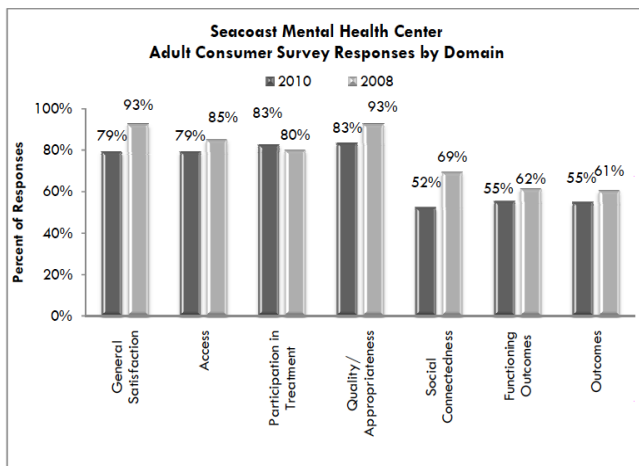
OBSERVATION VII-A:

It is noted that SMHC percentages ranked below the statewide average in the following Youth Survey domains: General Satisfaction; Participation in Treatment; Functioning Outcomes; and Outcomes.

RECOMMENDATIONS VII-A:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-A:



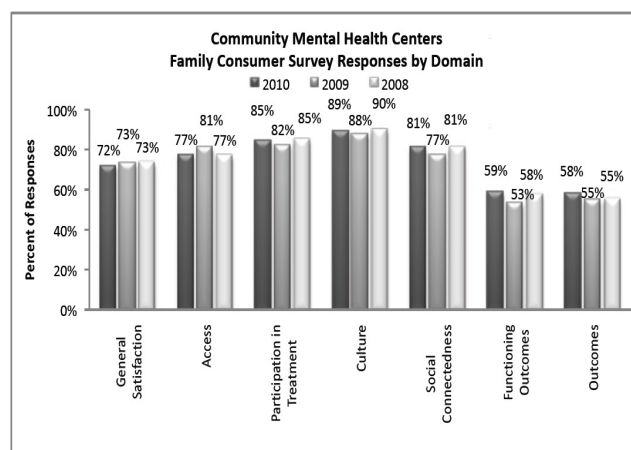
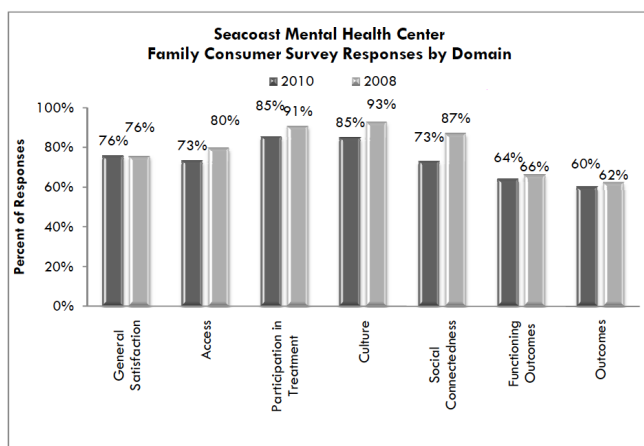
OBSERVATION VII-B:

It is noted that SMHC percentages ranked below the statewide average in the following Adult Survey domain: Social Connectedness; Functioning Outcomes; and Outcomes.

RECOMMENDATIONS VII-B:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-B:



OBSERVATION VII-C:

It is noted that SMHC percentages ranked below the statewide average in the following Family Survey domain: Access; Culture and Social Connectedness.

RECOMMENDATIONS VII-C:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with

the BOD and utilized in planning activities.

CMHP RESPONSE VII-C:

END OF REPORT